

| | FORM | REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK Quarterly Report: (Check one:) 1 st 2 nd 3 rd 4 th Final Report (Fund balance on Line E must be \$0) | | RECEIVED | |
|---|--------------------|---|---|--|---|
| | | | | OCT 1 4 2021 | |
| | D-2 | | | State Board of Elections | |
| | | 1= | Amendment of the Report Indicated Above | | Springfield Office |
| Full name and complete mailing address of Political Committee: CHECK FOR ADDRESS | | | | | COMMITTEE ID# |
| | Elect Rober | t Burkhalter | | | |
| 717 W Harva | | 04 | | | |
| Champaign, IL 61820-2804 | | | | | 35418-14 |
| E-mail address: bob_be@ymail.com | | | | CHECK FOR E-MAIL ADDRESS CHANGE | |
| REPORTING PERIOD CASH AVAILABLE AT BEGINNING | | | | ALL POLITICAL COMMITTI | EES RETURN TO: |
| OF REPORTING PERIOD: 07/01/21 09/30/21 \$190.40 | | | : | STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR | STATE BOARD OF ELECTIONS 69 W WASHINGTON ST, STE LL-08 |
| FROM THRU Repeat this amount in SECTION D, Line (A) | | | N D. Line (A) | SPRINGFIELD, IL 62704-4503 | CHICAGO, IL 60602-3026 |
| SECTION A — RECEIPTS SECTION B — EXPENDITURES | | | | | |
| 1. Individual Contributions | | | | 6. Transfers Out | |
| a. Itemizeo | (from Schedule | A): \$ | (1a) | a. Itemized (from Schedule B): | \$(6a) |
| b. Not-Itemized: \$(1b) | | | (1b) | b. Not-Itemized: | \$(6b) |
| 2. Transfers In a. Itemized (from Schedule A): \$ (2a) | | | | 7. Loans Made a. Itemized (from Schedule B): | ; \$(7a) |
| b. Not-Itemized: \$ (2b) | | | • / | b. Not-Itemized: | \$(7b) |
| 3. Loans Received | | | | 8. Expenditures | , |
| a. Itemized (from Schedule A): \$(3a) | | | | a. Itemized (from Schedule B): | · |
| b. Not-Itemized \$(3b) | | | (3b) | b. Not-Itemized | \$ <u>9.00</u> (8b) |
| 4. Other Receipts a. Itemized (from Schedule A): \$(4a) | | | (4a) | 9. Independent Expenditures a. Itemized (from Schedule B- | 9): \$(9a) |
| b. Not-Iten | - | \$ | | b. Not-Itemized | \$(9b) |
| TOTAL RECEIPTS (1a thru 4b) | | \$ | (TR) | TOTAL EXPENDITURES (6a thru | 9b)\$(TE) |
| *************** | | | | SECTION C — DEBTS AND OBLIGATIONS | |
| 5. In-Kind Contributions | | | | SECTION C — DEBTS (Include previously repo | |
| | (from Schedule I | 1): \$ | , . | 10. a. Itemized (from Schedule C): | • |
| b. Not-Item | nized | \$ | | b. Not-Itemized | \$(10b) |
| TOTAL IN-KIND (5a + 5b) \$(TI) | | | (TI) | TOTAL DEBTS & OBLIGATIONS | \$ |
| Name and address of person submitting this report if other than the committee's Chair or Treasurer: | | | | SECTION D — CASH BALANCE | |
| | | | | Cash available at beginning reporting perio | of \$190.40 (A) |
| | | | | Total Receipts from Section A (T | |
| | | | | Total cash (A) plus | (B): \$(C) |
| | | | | Total Expenditures from Section B (7 | re): \$9.00 (D) |
| | .,, | | | Funds available at close reporting period (C minus E | of \$181.40 (E) |
| | | | | Investments total (if applicab | |
| VERIFICATION: I DEC STATEMENTS! HAS B | LARE THAT THIS QUA | ARTERLY REPORT OF CA | MPAIGN CONTRI | BUTIONS AND EXPENDITURES (INCLUDING ACCO DWLEDGE AND BELIEF IS A TRUE, CORRECT AND C E OR INCOMPLETE STATEMENT IS SUBJECT TO A C | OMPANYING SCHEDULES AND OMPLETE REPORT AS REQUIRED BY |
| ARTICLE 9 OF THE EL UP TO \$5000. | ECTION CODE LUND | ERSTAND THAT WILLELE | LLY FILING A FALS | E OR INCOMPLETE STATEMENT IS SUBJECT TO A C | CIVIL PENALTY OF AT LEAST \$1001 AND |
| Min | # Kns | n Me | 4 | | 10/14/2021 |
| SIGNATURE OF | COMMITTEE TRE | ASURER OR CAND | IDATE | | DATE |

THIS FORM MAY BE REPRODUCED

PAGE 1 OF 2

REVISED 08/2021